

Caffeine is not a substitute for sleep

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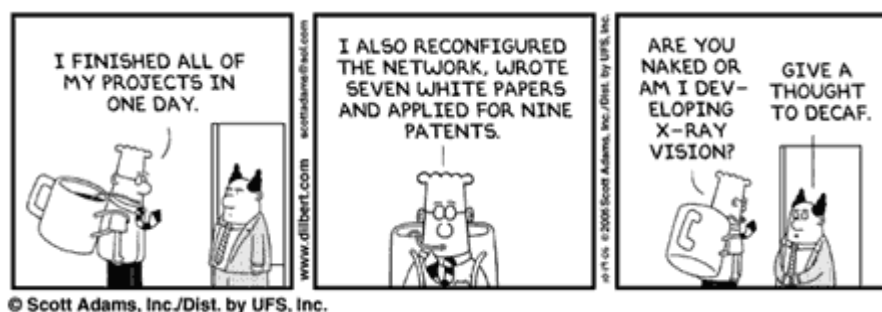
Caffeine is the most widely used stimulant worldwide, and this is certainly true among Australian junior medical officers. Every morning, the wards are frequented by bleary-eyed junior doctors who do not become their cheery selves until the morning "cuppa".

Juliano and Griffiths (2004) categorised and described a "caffeine-withdrawal syndrome" in a comprehensive review, and even concluded that "there is sufficient empirical evidence to warrant inclusion of caffeine withdrawal as a disorder in the DSM [Diagnostic and Statistical Manual of Mental Disorders]" (1). This study identified the following ten rather familiar symptom categories:

- headache
- fatigue
- decreased energy/activeness
- decreased alertness
- drowsiness
- decreased contentedness
- depressed mood
- difficulty concentrating
- irritability
- and foggy/not clearheaded

Of more concern perhaps is what happens to those junior medical officers whose morning brew transforms them simply from grumpy to less-grumpy. Inevitably, the caffeine hit is relied upon multiple times a day. Onerous surgical rotations are a common offender.

About a decade ago, the Australian Medical Association (AMA) Federal Council "adopted a policy to promote a safer workplace for junior doctors and patients in public hospitals" (2) and launched the "AMA Safe Hours Project". Although a "[National Code of Practice](#)" was released, few (if any) NSW hospitals follow its guidelines in implementation of rosters.



Caffeine, like with the above [Dilbert](#) cartoon, may improve your productivity but can make you prone to mistakes and even random episodes of craziness. Remember, sleep deprivation is used as a form of torture (4). Sleep is important.

After 17-19 hours without sleep, performance is equivalent to a blood alcohol level of 0.05% (3)

Even back in 1998, common sense practices for work shifts were published (5):

Good shift practices

- Shorten night shifts, preferably to eight hours or less, and do not allow night work exceeding 12 hours;
- do not allow any period of work exceeding 16 hours;
- reduce consecutive night shifts to two or three;
- roster time off duty after night shifts: 24 hours off for every two night shifts;
- avoid on-call shifts which result in frequent calls at night followed by normal working days;
- discourage voluntary night work by doctors working regular day shifts.

Fight for your [entitlements](#). Form a [strong JMO/RMO association](#) and be industrially active!

Reference articles

(1) Juliano L., Griffiths R. A critical review of caffeine withdrawal: empirical validation of symptoms and signs, incidence, severity, and associated features. *Psychopharmacology (Berl)*. 2004 Oct; 176(1): 1-29. Epub 2004 Sep 21. [[Link](#)]

(2) Holmes G. Junior doctors' working hours: an unhealthy tradition? [editorial]. *MJA* 1998; 168: 587-588. [[Link](#)]

(3) Williamson A., Feyer A. Moderate sleep deprivation produces impairments in cognitive and motor performance equivalent to legally prescribed levels of alcohol intoxication. *Occup Environ Med* 2000; 57: 649-655 (October). [download [PDF](#) :: 182 Kb :: [Link](#)]

(4) Sleep deprivation. *Wikipedia*. Last updated: 20 October 2006. [[Link](#)]

(5) Olson L., Ambrogetti A. Working harder - working dangerously? *MJA* 1998; 168: 614-616. [[Link](#)]

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